

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TA	7708	03/07/01 04-26-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
0101	62
1102	24
0203	64
1	✓ V V V V
2	✓ V V V
3	✓ V V
4	✓ V V
5	✓ V O
6	✓ V O
7	✓ V O
8	✓ V O
9	✓ V O
10	✓ V V V
11	✓ V V
12	✓ V V
13	✓ V V
14	✓ V O
15	✓ V O
16	✓ V O
17	✓ V V O
18	✓ V V O
19	✓ V V V
20	✓ V V
21	✓ V V
22	✓ V V
23	✓ V O
24	✓ V O
25	✓ V
26	✓ V
27	✓ V
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29	✓ V
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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